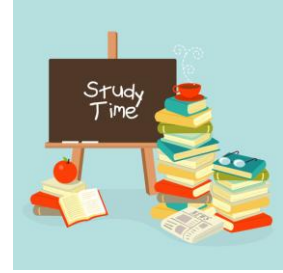


Appendix E.

CACFP Training Lessons for Child Care Staff



Goals: To provide training lessons for child care staff on core CACFP content based on their areas of responsibility

This chapter provides two sets of lessons:

Lessons for Meal Service Staff

Lesson 4 also for infant room staff
Pages E-3 through E-20



Lessons for Infant Room Staff

Pages E-21 through E-20



Each set of lessons includes several key CACFP topics and learning activities.

Lessons for Meal Service Staff

These lessons are intended for child care centers. Lessons for adult care centers are available in “Adult Day Care Lesson Plans for the USDA Child and Adult Care Food Program,” available on-line at: <http://www.nfsmi.org/ResourceOverview.aspx?ID=37>.

These four lessons are intended primarily for staff in child care centers who help serve and/or supervise meals. Infant room staff should attend the Lesson on Basic Food Safety and Sanitation. While the cook would benefit from attending some sessions, they also need to attend the State Agency “Steps to CACFP Success Workshop” session on menu planning and food production records. “ServSafe®”, a class on food safety available from Iowa State University Extension, is strongly recommended to train cooks. To find “ServSafe®” classes, visit <http://www.extension.iastate.edu/foodsafety/training/servsafe.cfm?articleID=139&parent=138>.

Each lesson includes several activities. Most activities take approximately ten minutes to complete. A complete lesson including all activities listed can be completed in one training session, or the activities can be conducted on separate occasions, depending on how much time is available. There is an optional test at the end of each lesson. The test can be completed as a group or individually. Remember to document your group trainings with sign-in sheets using the form on p. 7-7.

Lesson 1-CACFP Meal Pattern Requirements

Audience: cook, teachers

Activities

1. Milk Requirements
2. Breakfast Requirements
3. Lunch/Supper Requirements
4. Snack Requirements
5. Correct Quantities
6. Test

Lesson 2-Meal Service Methods and Requirements

Audience: cook, teachers

Activities

1. Definitions
2. Practice Dishing Food
3. Practice Family Style Meal Service
4. Test

Lesson 3-Meal Service Expectations

Audience: teachers

Activities

1. Introducing New Foods
2. Division of Responsibility in Child Feeding
3. Successful Mealtimes
4. Test

Lesson 4-Basic Food Safety and Sanitation

Audience: teachers and infant room staff

Activities

1. Hand Washing
2. Cleaning, Sanitizing, and Disinfecting
3. Mealtime Sanitation Procedures
4. Choking Prevention
5. Test

Lesson-1 (6 activities)

CACFP Meal Pattern Requirements

Goal:

- To learn CACFP meal pattern component and quantity requirements.

Materials Needed:

CACFP Administrative Manual for Centers:

Handouts (pp. 2-8, 2-11 through 2-16, 2-19 and 2a-16)

Dry and liquid measuring cups ($\frac{1}{2}$ c, $\frac{3}{4}$ c, 1 c)

Glasses used by center (at least one for each age group)

Bowls and plates used by center (several of each)

Serving bowls

Milk or water in one or more pitchers (3-4 cups per pitcher)

Breakfast, lunch, and snack meal components (refer to meal pattern for components and quantities)

Box of cereal

Refried beans, pork & beans, chili beans, split peas

Banana, orange, apple

Peanut butter, knife, bread

Sliced American cheese, bread



Activity 1—Milk Requirements:

1. Hand out the CACFP meal pattern for ages 1-12 (p. 2-8), Handy Guide to Creditable Foods (pp. 2-11 through 2-16) and allergy/exception statement (p. 2-19).
2. Go over discussion points listed below using the handouts.
3. Using a liquid measuring cup, pour measured amounts of milk (or water) to represent the amount of milk needed to fulfill meal pattern requirements for the age group(s) served by the center for each meal and snack. Pour the liquid into glasses used at the center so staff know how full the center's glasses need to be filled to meet meal pattern requirements. Pass the samples around or have a set of measuring cups and glasses for each participant to pour required amounts of milk for the age group(s) they work with.
4. Point out the difference in portion sizes for the different age groups if applicable.

Discussion:

1. Fluid milk is a required component at breakfast and lunch. (If using water for demonstration purposes, remind staff that water is not creditable, but can be served as an extra. Water is encouraged to be served at snack when no other beverage is provided.)
2. Creditable foods are those foods that can be used to fulfill meal pattern requirements. Fluid milk of any flavor or fat content is creditable. Remind staff that dry milk, evaporated milk, pudding, and ice cream are not creditable and therefore cannot be used to fulfill meal pattern requirements.
3. The following rules apply to both milk and juice:
 - a. If the supervising adult serves the beverage, each participant needs to receive the full required serving in one glass.
 - b. If the meal is served family style, the full required portion of milk or juice must be on the table at the beginning of the meal for each participant and supervising adult to receive the full amount.
 - Family style meal service is recommended so children have the opportunity to learn to pour their own beverage.
 - Provide child-sized pitchers with lids.
 - Fill pitchers so they are easy to handle (not too heavy).
 - Place enough pitchers on the table to provide the full required amount for each child.
 - Younger children may need assistance.

- c. If the center allows participants to pour their own beverage, the participant is not required to pour the entire required portion in their glass. However, the supervising adult should pass the milk/juice and encourage them to take seconds.
- d. In either case, the glass should have the capacity to hold the full required portion so participants do not need to pour seconds to receive the full required portion. (If the glasses are too small to hold the full required portion, the center should purchase larger glasses.)
4. If juice and milk are served at breakfast, two glasses are required, one for juice and one for the milk, even if the milk will be poured on the cereal. Having a separate milk glass allows the child to receive the full required portion of milk when the full portion is too great to pour on the cereal. (The child must have the opportunity to drink the full portion of milk.)
5. If a child is allergic to milk or cannot otherwise follow the meal pattern, an allergy exception statement is required. The statement is recommended for children with allergies who can still follow the meal pattern (e.g., peanut allergies).

Tips:

1. Short, stable bottomed glasses are recommended to reduce the risk of spills.
2. The center may choose to draw a dark line on the cups with a permanent marker at the level the glasses need to be filled in order to meet the serving size requirement. If this is the case, separate juice and milk glasses are needed since the required portions differ.
3. If the center allows children to pour their own beverage, purchase transparent child-sized pitchers with lids that children can easily handle and see where the liquid is in the pitcher as they pour.
4. To reduce the weight of the pitcher and make handling easier, a premeasured portion may be put in the pitcher for each child one at a time that the child can pour into their own glass.

Activity 2—Breakfast Requirements:



1. Hand out the CACFP meal pattern for ages 1-12 (p. 2-8) and the grains/breads chart on (p. 2-15) if you have not already done so.
2. Review the required breakfast meal pattern components.
3. Go over discussion points listed below using handout.
4. Measure required portions of breakfast components to show a reimbursable breakfast. Use cereal, juice, and milk for this example. Show different required portion sizes for different age groups.
 - a. Dry cereal-- $\frac{1}{4}$ cup for toddlers (1-2 year olds), $\frac{1}{3}$ cup for preschoolers (3-5 year olds) and $\frac{3}{4}$ cup for school agers (6-12 year olds).
 - b. Juice (or colored water)-- $\frac{1}{4}$ cup for toddlers, $\frac{1}{2}$ cup for preschoolers and school agers.
 - c. Milk (or water)-- $\frac{1}{2}$ cup for toddlers, $\frac{3}{4}$ cup for preschoolers and 1 cup for school agers.
5. Show several different examples of a reimbursable breakfast.
 - a. Use toast, a bagel, and an English muffin for other examples, show different required portion sizes for different age groups. Use the grain/bread chart on p. 2-15 to find required serving sizes. Refer to the Nutrition Facts Labels for the products you use or weigh on a digital scale if needed.
 - b. Show the serving sizes required for canned fruit and fresh fruit at breakfast.
 - One regular banana equals $\frac{1}{2}$ cup, so preschoolers and school agers need a whole banana.
 - One small/medium (138 per box) orange equals $\frac{1}{2}$ cup, so preschoolers, school agers need a whole orange.
 - One medium/large apple (125-138 per box) equals one cup, so preschoolers and school agers need $\frac{1}{2}$ apple.
 - Use the Food Buying Guide to determine the yield for other fresh fruits; fruits of different sizes; and drained compared to un-drained canned fruit.

Discussion:

1. The meal pattern gives minimum serving sizes, but larger portions may be served.
2. Eggs, sausage, or other meats/meal alternate can be served, but are not required. They are considered extras.
3. Juice must be 100% full strength juice. It is recommended that juice be limited to one time per day.

4. Breakfast is a good time to serve fresh or canned fruit, which have more fiber than juice.
5. Vegetables such as hash browns and tomato juice can fulfill the fruit/vegetable component at breakfast.
6. Breakfast is a good time to serve whole grains. Examples include 100% whole wheat toast; Cheerios or other cereal listing whole grain as the first ingredient on the label; oatmeal and muffins; or pancakes made with at least half whole wheat flour.
7. Some sweets are allowable to fulfill the grain/bread component at breakfast. These are marked with a footnote number of 4 on the grain/bread chart and creditable foods list on pp. 2-14 and 2-15.

Tips:

1. You may want to make an enlarged meal pattern chart on a poster or blackboard that includes the age groups in your center.
2. Use a clear glass bowl, if possible, to best show serving sizes for cereal.
3. Also show serving sizes using bowls your center uses.
4. Purchase a digital scale to weigh center-made grain/bread components to ensure correct serving sizes.
5. Center-made grains/breads can be prepared using half whole grain flour.

Activity 3—Lunch/Supper Requirements:

1. Hand out the CACFP meal pattern for ages 1-12 (p. 2-8) if you have not already done so.
2. Review the required lunch/supper meal pattern components.
3. Go over discussion points listed below using handouts.
4. Measure out required portions of components to show a reimbursable lunch/supper.
5. Show different required portion sizes for different age groups.



Discussion:

1. Meat and meat alternates include beef, pork, poultry, fish, cheese, eggs, nuts, seeds, nut or seed butters, cooked dry beans or peas, and yogurt. Certain meats/meat alternates are not creditable such as bacon, cheese product (like Velveeta), canned cheese sauce, cream cheese and wild game.
2. A combination of two meat/meat alternates may be served at the same meal to total the required serving size. This is recommended when cheese or peanut butter is served since it is difficult to serve the full required portion of these food items.
3. All the meat/meat alternates in a combination main dish will count as one meat/meat alternate. A second meat/meat alternate may be served in addition. Example: cheese sandwich plus ham and bean soup.
4. Cooked dry beans or peas may be used either as a vegetable or as a meat alternate, but not as both in the same meal.
5. Two fruit/vegetable items are needed to total the amount required on the meal pattern.
6. If juice is served as one of the fruit/vegetable components, the most it can contribute is half of the total required amount.
7. Potatoes are a vegetable in the CACFP (not a grain/bread).
8. Sweets may not be used to fulfill the grain/bread requirement at lunch.

Tips:

1. Sunflower seed butter can be used instead of peanut butter for children with peanut allergies.
2. Teachers may not be familiar with cooked dried beans or peas. Show examples of cooked dried beans/peas such as refried beans, pork and beans, chili beans, and split pea soup.

Activity 4—Snack Requirements:



1. Hand out the CACFP meal pattern for ages 1-12 (p. 2-8), Handy Guide to Creditable Foods (pp. 2-11 through 2-16) and grain/bread chart (p 2-15) if you have not already done so.
2. Review the required components for snack.
3. Go over discussion points listed below using handouts.
4. Measure required portions of components to show a reimbursable snack.
5. Show examples of several other reimbursable snacks.
6. Show different required portion sizes for different age groups.
7. Have teachers identify sweet foods that may be served at snack (listed with a footnote of 3 or 4 on the creditable foods list and grain/bread chart on pp. 2-14 and 2-15).

Discussion:

1. Two different food components must be served at snack. The foods selected cannot be from the same food component group.
2. Milk and juice may not be served together at snack. This includes frozen juice bars.
3. When no beverage is included in the two snack components, it is recommended (but not required) to serve water as the beverage. Water is not a creditable food.
4. Snacks are a good time to serve fresh fruit and vegetables. However the required serving size is large, especially for school aged children ($\frac{3}{4}$ cup).
5. Some sweet foods (identified on pp. 2-14 or 2-15 with a footnote of 3 or 4) are creditable at snack. Sweets must be limited to two times per week at snack.
6. Some common snack foods are not creditable such as popcorn, pudding, potato chips, ice cream, and grains/breads that are not enriched or whole grain.

Activity 5—Correct Quantities



1. Hand out the meal pattern (p. 2-8), the Grain/Breads Serving Size Chart (p. 2-15) and the Serving Size Chart (p. 2a-16) if you have not already done so.
2. Go over discussion points listed below.
3. Demonstrate how to use the Serving Size Chart on p. 2a-16.
4. Have teachers practice using the Serving Size Chart on p. 2a-16 by dishing the correct amount of cereal into a serving bowl for a table of 8 school aged children plus a teacher.
5. Have teachers measure out correct servings of various grain/bread foods for a specified age group.
6. Demonstrate how it may be difficult to serve the full required amount of peanut butter at lunch using the amount of required bread. Do the same for cheese.

Discussion:

1. Correct amounts must be served in order to meet meal pattern requirements.
2. When teens are part of your program, the serving sizes need to be at least the amount listed for 6-12 year olds. Serving larger portions is recommended, but not required.
3. The Serving Size Chart on p. 2a-16 is used to help the person dishing a serving bowl or pitcher of food that will be placed on the table and used to serve everyone at the table. Discuss how to use this chart with an example.
4. An easy reference chart for grain/bread snack food serving sizes is on p. 2-16. Discuss how to use it.
5. When peanut butter or cheese is the meat alternate at lunch, it is difficult to serve the full required portion. It is recommended to serve an additional meat or meat alternate at these meals. For example: peanut butter sandwich with vegetable beef soup; ham and cheese sandwich.

Tips:

1. Instead of counting out small crackers, chips, etc. for each child, you can count out the correct amount once, put that amount in a measuring cup and, using that measure, scoop out the required serving for the other children.
2. Use a measuring cup or spoon that represents the required serving size for dishing food at the table.
3. Purchase a digital scale to weigh center-made grain/bread components (this includes products made from scratch or a mix) to ensure correct serving sizes.
4. Post the Serving Size Chart and Grains/Breads Serving Size Chart in each class room.
5. Be sure you are using a creditable cheese product. Cheese food and cheese spreads are creditable (twice the amount listed on the meal pattern is required), while **cheese product is not creditable**. To avoid the requirement to double the amount of cheese slices, it is recommended to use regular American cheese.
6. Check the package for the weight of one slice of cheese. If it is not listed, you will need to calculate the weight by taking the total weight of the package divided by the number of slices in the package. Most slices of cheese weigh less than one ounce.

Activity 6—Test over Lesson 1

Take test and discuss answers.

Lesson-1 Test

CACFP Meal Pattern Requirements

1. Milk is a required component at what meals/snacks?
 - a. Breakfast
 - b. Lunch/Supper
 - c. Snack
 - d. Breakfast and Lunch/Supper
 - e. Milk is required at all meals
2. How many meal components are required at snack?
 - a. One
 - b. Two
 - c. Three
 - d. Depends on the age of the child
 - e. Two, one of which must be a beverage
3. Which of the following food items is creditable?
 - a. Popcorn
 - b. Water
 - c. Chocolate milk
 - d. Bacon
 - e. Ice Cream
4. An Allergy Exception Statement is required under the following circumstances:
 - a. When the participant cannot follow the meal pattern
 - b. When the participant has an allergy
 - c. When the participant cannot drink milk for a medical reason
 - d. Both a and c
5. Which of the following statements is true regarding juice?
 - a. Juice must be limited to one serving per day.
 - b. Juice is required at breakfast.
 - c. If juice is served at lunch, it may only contribute up to $\frac{3}{4}$ of the entire fruit/vegetable component.
 - d. Juice must be 100% full strength
6. Which of the following foods does not contribute a required component in the breakfast meal pattern?
 - a. Hash Browns
 - b. Eggs
 - c. Tomato Juice
 - d. Banana flavored milk
7. What reference is used to determine the CACFP required serving size for corn chips?
 - a. Grain/breads chart
 - b. Meal pattern
 - c. Serving Size Chart
 - d. Nutrition Facts Label
8. What is wrong with this lunch? Whole milk, mashed potatoes and gravy, green beans, fresh apple slices, baked chicken.
 - a. Gravy is not creditable
 - b. Whole milk cannot be served
 - c. The grain/bread component is missing
 - d. Dessert is missing
9. What food items must be served at lunch/supper?
 - a. Milk, fruit/vegetable, meat, grain/bread
 - b. Milk, fruit/vegetable, meat/meat alternate, grain/bread
 - c. Milk, two different fruits/vegetables, meat, grain/bread
 - d. Milk, two different fruits/vegetables, meat/meat alternate, grain/bread and dessert
 - e. Milk, two different fruits/vegetables, meat/meat alternate, grain/bread

Key: 1-d, 2-b, 3-c, 4-d, 5-d, 6-b, 7-a, 8-c, 9-e

Lesson-2 (4 activities)

Meal Service Methods and Requirements

Goals:

- To understand the three options for meal service.
- To meet CACFP requirements when serving meals.

Materials Needed:

CACFP Administrative Manual for Centers:

Handouts using pp. 2-2, 2-8, 2-15, 2-16, 2a-16, 2b-20 through 2b-23

Tables and chairs

Plates and glasses

Pitchers

A reimbursable snack (suggest using bread or other grain/bread and juice for this activity)

Marble (choking hazard), grapes, string cheese or hot dogs

Activity 1—Definitions:

1. Handout p. 2-2.
2. Go over discussion points to describe the three options for meal service: pre-dished, family style, and transition.
3. Identify which type(s) of meal service is used for each age group or classroom in the center(s).



Discussion:

1. **Family style meal service** requires that enough food be in the serving bowl(s) or pitcher(s) at the beginning of the meal so each person seated at the table, including the supervising adult, can receive the full required serving size portion.
 - a. The supervising adult initiates passing (offering) the food to each participant who may take or decline any food item.
 - b. The supervising adult offers and encourages (but never forces) participants to take a serving of each meal component.
 - c. Adult models how to serve self.
 - d. Food items should be passed and offered at least two times during the meal service.
 - e. An advantage of family style meal service is that it allows for social and motor development.
2. **Pre-plated meal service** requires that the supervising adult put the full required amount of each food component on each participant's plate or glass at the beginning of the meal.
 - a. To serve a food means it is put on the child's plate.
 - b. The child may not be asked if they want the food or not; it must be served.
 - c. The child does not need to eat the food, but should be encouraged (not forced or pressured).
 - d. Adult needs to serve them self some of each food and model desired behaviors.
 - e. NOTE: If the spread of illness is a concern, the center may temporarily use pre-plated meal service instead of family style to address this worry.
3. **Transition meal service is when some items may be served family style and others may be pre-plated.** For example, most of the meal may be pre-plated except the bread, which is passed.
 - a. Family-style rules apply to the items served family style and the pre-plated rules apply to the items served pre-plated.
 - b. This method can be a transition to family style meal service that takes place gradually from the beginning of the year to the end, or from one age group to the next.
 - c. Children with developmental disabilities may require staff to serve them some items, but they may be able to serve themselves other items.
 - d. Advantages of pre-plated meal service are efficiency and more control over sanitation.



Tips:

1. Children may need preparation to begin family style meal service. Set aside some quiet time before the meal to explain to children what will be happening at mealtime so they know what to expect.

- Children may need guidance on how much to take, especially to ensure there is enough food left for the last child served.
- The adult should explain and demonstrate how to serve self (e.g., one chicken leg, one spoonful of green beans, etc.)
- Allow time for staff to express concerns and ask questions.

Activity 2—Practice Dishing Food:



- Be sure participants have washed their hands.
- Hand out the meal pattern (p. 2-8), the Grains/Breads Serving Size Chart (p. 2-15), How Much to Serve? (p. 2-16), and the Serving Size Chart (p. 2a-16).
- Describe how to use the handouts (see discussion points below).
- Have teachers divide into groups and sit each group at a snack table.
- Have teachers dish out the amount of crackers in a common serving bowl that will be needed to serve each person at their table a reimbursable snack for 3-5 year olds.
- Have teachers practice using the Serving Size Chart (p. 2a-16) by pouring the correct amount of juice for 3-5 year olds into child-sized pitchers for the number of people (children and adults) at their table.

Discussion:

- A reference chart for grain/bread snack food serving sizes is on p. 2-16.
- The Serving Size Chart is an easy reference to determine how much food needs to be on the table at the beginning of the meal, when serving meals family style.
 - Count the number seated at your table (number in left column).
 - Find the required serving size for 3-5 year olds (number across the top).
 - The intersection of the two cells is the amount needed on the table at the beginning of the meal.
 - Put this amount in the pitcher or serving bowl.

Tip:

- This activity must be completed to prepare for Activity 3.

Activity 3—Practice Family Style Meal Service:



- Assign one person to be the supervising adult at each table.
- Using the snack items that were dished in Activity 2, practice serving a snack family style.
- Bring the group back together for discussion using the discussion points below.

Discussion:

- What did you like about family style meal service?
- How could it benefit the children in your center?
- What did you dislike?
- What barriers or challenges do you foresee?
- How can the barriers and challenges be overcome?

Tip:

- This activity is intended for centers wanting to start family style meal service or that have new staff members who are not familiar with this style of meal service.
- This activity may not be applicable if your center already practices family style meal service successfully or if you do not plan to use family style meal service at your center.
- If you are switching from pre-plated to family style meal service, have a plan in mind for your center to make the transition. Include a procedure and timeline for gradually introducing this service method to the children.
- Share the plan with staff and what you expect from them.

Activity 4—Test Over Lesson 2

Take test and go discuss answers.

Lesson-2 Test

Meal Service Methods and Requirements

1. How many components must each participant put on their plate when the meal is served family style?
 - a. The full required serving size of all components
 - b. A tasting portion of all components
 - c. None
 - d. One
2. What is a possible disadvantage of family style meal service?
 - a. It is more work for the teachers
 - b. It allows for social and motor skill development
 - c. Sanitation
 - d. Children may go hungry
 - e. Food is wasted
3. What is not a characteristic of pre-plated meal service?
 - a. The supervising adult serves the food.
 - b. Children are asked what foods they would like and the adult serves only those foods.
 - c. All foods are served at the beginning of the meal.
 - d. The full required portion of each food is served.
4. Which is not an option for serving meals in CACFP?
 - a. Family Style
 - b. Cafeteria style
 - c. Transition
 - d. Pre-plated
5. Transition meal service is appropriate under which circumstances?
 - a. When just starting family style meal service.
 - b. For young children.
 - c. For children with disabilities
 - d. All of the above.
6. Cafeteria-style meal service is allowed in the CACFP for which of the following:
 - a. School aged children.
 - b. Easy to serve meals such as sandwiches.
 - c. Preschoolers who will start kindergarten so they can adapt to school.
 - d. Cafeteria style meal service is not allowed in CACFP.
7. When serving meals family style, which of the following guidelines does not apply?
 - a. Food should be passed at least two times during meal service.
 - b. Participants do not need to put all foods offered on their plates.
 - c. The adult must serve the hot foods.
 - d. Children may need guidance on how much food to take.
 - e. Participants do not need to eat everything they put on their plate.
8. Which of the following can help children succeed at family style meal service?
 - a. Offer and encourage children to take and eat each food offered.
 - b. Let the children do it all themselves.
 - c. Make sure the child finishes all food on their plate before offering seconds.
 - d. If a child does not take a food offered, continue to offer it until he or she does.
 - e. None of the above.
9. Which of the following does not apply to transition meal service?
 - a. Supervising adults serve some foods and other foods are passed.
 - b. Full portions are served by the supervising adult.
 - c. Children take the amount they want for foods that are passed.
 - d. School aged children benefit most from this method of meal service.
 - e. All of the above

Key: 1-c, 2-c, 3-b, 4-b, 5-d, 6-d, 7-c, 8-a, 9-d

Lesson-3 (4 activities)

Meal Service Expectations

Goals:

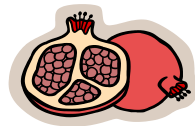
- To learn tips for introducing new foods
- To learn child versus adult responsibilities at mealtime.
- To learn strategies for successful mealtime.
- Record meals at the point of service

Materials Needed:

CACFP Administrative Manual for Centers:

Handouts using pp. 2-2, 2b-20, 2b-21 & 2b-22

Two or more foods that staff may not have eaten



Activity 1—Introducing New Foods:

1. Handout p. 2b-20.
2. Go over discussion points listed below.
3. Allow workshop participants to taste portions of two or more food(s) that are likely to be new to some or all of your staff. Suggestions include: sunflower nut butter, mango, whole wheat macaroni and cheese or spaghetti, pomegranate, red peppers, or jicama.
 - a. For the first food, set it out alone without indicating what it is.
 - b. For the second food, serve it with something familiar. Tell what it is and explain a little about the food item. Allow participants to help prepare the food item.

Discussion:

1. Explain that no one food provides all the nutrients we need, so it is important to serve a variety of foods to ensure children receive a wide range of nutrients.
2. Early childhood is an important time to help children develop good eating habits.
3. Many adults are not familiar with the principles on the handout. It is very important to understand these concepts and apply them when supervising children during meals.
4. Discuss points on the handout “Introducing New Foods” (p.2b-20).
5. What feelings did you have when offered the new foods? Children are often naturally “neophobic” (afraid or hesitant to try new things). Were your feelings different about the first food than the second one? If so, what was different and why?
6. How would you feel if you were forced to try either food?
7. Name something you learned and one thing you will change when offering new foods after going through this exercise?

Tips:

1. Communication between the person responsible for planning the menu and the teachers regarding new foods that will be served, can help the teachers plan discussions and activities with the children about new foods.
2. The menu planner may want to ask for input from the teachers, parents, and/or children about new foods they would like to see on the menu. This can be an opportunity for families to share cultural foods and practices.

Activity 2—Division of Responsibility in Child Feeding:

1. Handout p. 2b-20 “Division of Responsibility in Child Feeding” if you haven’t already done so.
2. Go over discussion points listed below and use the handout to describe adult and child responsibilities.

Discussion:

1. Adults and children have separate and distinct responsibilities at mealtime.
2. Children are not able to do the adult’s job. If the adult does not do their job, the child suffers.
3. If the adult tries to do the child’s job it can create power struggles or other problems.
4. Allowing children to do their job allows them the opportunity to develop and practice skills they will need to make good food choices and trust their instincts regarding hunger, fullness, etc.
5. Describe the adult and child’s responsibilities as listed on the handout.
6. Elaborate on the adult’s role by covering the points at the bottom of the handout.
7. Discuss the specific mealtime policies or expectations for adults who supervise meals at your center.

Tips:

1. Develop a mealtime policy at your center. It may be included in the employee and parent handbook. This training is a good time to introduce or review the policy.
2. For staff who supervise meals, mealtime expectations should be in writing in their job descriptions or in the employee handbook.
3. Use these criteria as part of staff performance evaluations.



Activity 3—Successful Mealtimes

1. Handout pp. 2b-21 and 2b-22.
2. Divide staff into small groups. Assign 2-4 ideas (1-14) from other child care centers in Iowa to each group. Have them answer the following questions:
 - Are we doing or not doing this? If not, why not?
 - What are the advantages and disadvantages of doing it?
 - If we wanted to start doing it, what are the barriers? How could the barriers be overcome?
3. Have them report the results of their discussion back to the group.

Discussion:

1. Give staff the opportunity to share their ideas for successful mealtime.
2. Allow time for staff to express concerns and ask questions regarding mealtime.
3. Remind staff that meals must be recorded during meal time or immediately after.

Tips:

1. Read through the Best Practice Tips for Mealtime before the training and omit any that you are not prepared to discuss with staff.
2. It is not recommended to discuss #15-19 during the staff training. However, be prepared to address the issues listed at some time.

Activity 4—Test over Lesson 3:

Take test and discuss answers.

Lesson-3 Test

Meal Service Expectations

1. Identify the practice that will not help make mealtime successful.
 - a. Have all foods, napkins, and utensils on the table before anyone sits down at the table.
 - b. Have at least one supervising adult seated with the children at each table.
 - c. Adults should not eat the meal with the children so they are free to better assist them.
 - d. Have children assist with setting the table and cleaning up afterwards as they are able.
2. Which of the following is most likely to increase a child's willingness to accept a new food?
 - a. Observe an adult role modeling acceptance of the food.
 - b. Tell the child they will not be able to have seconds if they do not try the new food.
 - c. Disguise the new food in a casserole.
 - d. Require that each child at the table take a bite of the new food at the same time.
3. Up to how many times may it take for a new food to be introduced before children will accept it?
 - a. 1-5 times
 - b. 6-9 times
 - c. 10-15 times
 - d. None-don't introduce foods to children without first asking them if they like the food.
4. Which of the following is not recommended when introducing new foods to children?
 - a. Introduce new foods one at a time.
 - b. Serve the new food first, before the rest of the meal is served.
 - c. Let the children become familiar with the new food through a story of food activity before it is served.
 - d. Encourage, but do not force or pressure a child to try the new food.
5. Adults are responsible for which of the following at mealtime?
 - a. Sitting with the children at mealtime and being a role model.
 - b. Supervising the meal and assisting children as needed.
 - c. Offering and encouraging children to take each food.
 - d. All of the above.
6. What advantage(s) are gained by following the division of responsibility in child feeding?
 - a. Mealtime is more calm and relaxed.
 - b. There are fewer power struggles.
 - c. Children have the opportunity to develop and practice skills they will need to make good food choices.
 - d. All of the above.
7. What should a caregiver do if a child does not want to try a new food?
 - a. Ignore them and let it go.
 - b. Offer the food a second time and encourage the child to try it.
 - c. Empathize with the child and indicate that the adult (or other child not eating the food) does not like the food either.
 - d. All of the above.
8. What should an adult do if they do not like a food that is being served?
 - a. Tell the children they do not like the food.
 - b. Bring their own food that they like to the table so they can still eat with the children.
 - c. Tell the children that the food is not their favorite, but their tastes may change and model tasting it.
 - d. All of the above.
9. Which of the following are not recommended practices?
 - a. Limit mealtime to a maximum of ten to fifteen minutes.
 - b. If children spill food or milk, it is best for them to leave the table for time out.
 - c. A child must finish all food on their plate before having seconds.
 - d. None of the above are recommended.

Key: 1-c, 2-a, 3-c, 4-b, 5-d, 6-d, 7-b, 8-c, 9-d

Lesson-4 (5 activities)

Basic Food Safety and Sanitation

Goals:

- To learn and practice proper hand washing procedures.
- To learn and practice cleaning, sanitizing, and disinfecting procedures.
- To learn and practice mealtime sanitation procedures.
- To learn and practice procedures to prevent choking.

Materials Needed:

CACFP Administrative Manual for Centers using handout (p. 2b-16)

Wash Your Hands Kit – CU833C1 (Check out from Bureau of Nutrition Library—see p. 7-14)

Glowing Powder, UV Potion Lotion, UV Lamp, posters

Wash Your Hands Booklet

- p. 28 (Cross Contamination Demonstration using Glowing Powder)
- p. 29 (Importance of Proper Hand Washing using UV Potion)
- pp.30-31 (Hand Washing Procedures)

Bleach, spray bottles, water, and measuring spoons

Food service gloves

Crackers (to serve each participant a 3-5 year old portion)

Juice (to serve each participant a 3-5 year old portion)

Marble (choking hazard), grapes, hotdogs, and/or string cheese, knife, and plate(s)



Activity 1—Hand Washing:

This activity will take at least 30 minutes.

1. Go over the discussion points listed below.
2. Discuss when employees should wash their hands and proper hand washing procedures using pp. 30-31 of the Wash Your Hands Kit booklet.
3. Demonstrate how germs are spread through cross contamination using the instructions on p. 28 of the Wash Your Hands Kit booklet, the Glowing Powder, and UV Potion.
4. Demonstrate the importance of proper hand washing technique, using the instructions on p. 29 of the Wash Your Hands Kit booklet.

Discussion:

1. Hand washing is the most important thing center staff can do to prevent the spread of illness.
2. Infants and toddlers are more vulnerable to illness than older children.
3. Proper hand washing must be practiced by both staff and children to be effective.
4. Children should wash their hands before and after eating or participating in a food preparation activity. Children should not be allowed to sit on the floor or re-contaminate their hands after they are washed.
5. Antibacterial soaps are generally not more effective at reducing disease transmission than regular soaps and are not recommended for general use.
6. Older infants who can feed themselves should have their hands washed under running water.
7. “Wet wipes” that do not contain antibacterial products, wet wash cloths, and hand gel sanitizers are not sufficient to eliminate pathogens and should be for intermittent use, not as a sole source of hand washing.

Tips:

1. Make copies of hand washing posters in the kit or download from the websites listed on p. 31 of the kit and post them near food preparation areas, hand washing sinks, and bathrooms.
2. To encourage hand washing and reduce cracks and skin dryness, you may want to have hand lotion available at all sinks. Hand lotion should not be used when preparing meals.
3. Monitor employees for proper hand washing and give feedback if corrective action is needed.

4. Track child and employee sick days before and after the training on hand washing to see if there is a reduction. If so, share the results with staff.

Activity 2—Cleaning, Sanitizing, and Disinfecting:

1. Go over the discussion points below.
2. Demonstrate correct mixing of bleach solutions.
3. Go over procedures and expectations for staff at your center.



Discussion:

1. Research supports that many communicable diseases and illnesses, including diarrhea, respiratory infections, and chicken pox can be prevented or the spread reduced through appropriate hygienic, sanitation, and disinfecting methods.
2. Child care centers are predisposed for fecal contamination. Hands, toys, and other equipment can easily become contaminated, resulting the transmission of diseases.
3. Cleaning, sanitizing, and disinfecting are three different procedures.
 - a. Cleaning means to remove dirt and debris (such as food particles, blood, urine or feces) by scrubbing and washing using soap and water.
 - b. Sanitizing means to reduce the number of germs to a level that will reduce the likelihood of disease transmission. A separate sanitizer solution must be applied after cleaning. This procedure applies to kitchen countertops, floors, and walls.
 - c. Disinfecting means to virtually eliminate all germs through the use of chemicals or heat. Disinfecting is commonly used for toys, table tops, high-chair trays, diaper changing stations and any other object or surface that is significantly contaminated with body fluids.
4. Surfaces must be cleaned with soapy water before they can be sanitized or disinfected.
5. While bleach is not a good cleaning agent, it is effective and the least expensive chemical for sanitizing and disinfecting. It is also considered safe if mixed at the recommended concentrations and used properly.
 - a. Use 1 Tbsp. bleach per gallon of cool water mixed daily to make a sanitizing solution.
 - b. Use ¼ cup bleach per gallon of cool water (75° F) mixed daily to make a disinfecting solution.
 - c. Surfaces should be allowed to air dry for complete sanitation or disinfection. If this is not possible, wipe with a clean single-use or disposable towel. No bleach residue is left once the surface is dry.
 - d. Never spray bleach solution on a table where children are seated or standing near.
 - e. Never mix undiluted bleach with other chemicals, especially acids such as vinegar or ammonia-based products as poisonous chlorine gas will be rapidly released.
 - f. Products should be stored in original containers when possible. If not, they should be clearly labeled with contents and dated.
 - g. Cleaning supplies should be stored in a locked area away from food; store on a separate shelf always below any food to prevent potential contamination from leakage or spills. When in use, place out of reach of children.
6. Quaternary ammonia products may also be used for sanitizing.

Tips:

1. Have buckets, cleaning cloths, and detergent accessible for cleaning tables before and after meals.
2. Write the mixing instructions for sanitizing and disinfecting solutions at the station where the mixing takes place (or on the spray bottle).
3. Make sure the correct measuring spoons are available and accessible.
4. You may want to order test strips from a food service distributor to verify your solutions are at the proper concentration.
5. Label spray bottles as either for sanitizing or disinfecting and date. You may want to also indicate the surfaces the solution is to be used on.
6. You may want to obtain protective aprons for staff to wear when working with bleach solutions to prevent damage to their clothing. Polyester clothing is less vulnerable to bleaching than natural fibers.

Activity 3—Mealtime Sanitation Procedures:

1. Go over the discussion points listed below.
2. Show gloves, if you intend to use them at your center, and how to put them on and take them off.
3. Go over any procedures unique to your center that relate to mealtime sanitation.

Discussion:

1. Tables should be washed, disinfected and allowed to air dry prior to meal service and before children come into the dining area.
2. Children may help set the table if they have washed their hands first, are taught proper procedures and are adequately supervised. Care must be taken so they do not touch the eating surfaces of silverware and glasses.
3. Staff who supervise meals should wash their hands prior to meal service.
4. Staff with symptoms of illness including vomiting; diarrhea; and infectious skin sores that cannot be covered; or who is infected with bacteria, viruses or parasites that can be carried in food should not be responsible for food handling.
5. Staff who work with diapering infants and children should not prepare or serve food for older groups of children.
6. When staff who care for infants and toddlers are responsible for changing diapers, they should only handle food for the infants and toddlers in their groups and only after thoroughly washing their hands.
7. Whenever possible, cooks should not be assigned child care or janitorial duties. If a caregiver must cook, letting that caregiver complete the food preparation before assuming caregiver duties for that day can minimize risk.
8. Plastic gloves should be used when food is served by hand (direct hand to food contact). Tongs may be used instead but may be difficult for some children to use.
 - a. Gloves must be put on only after washing hands.
 - b. Gloves must be changed if they touch an unsanitary surface.
9. Teach children to take the food if they touch it. If a child touches a piece of food in addition to what they take, the supervising adult should remove that piece of food.
10. If a child coughs or sneezes on a common serving plate, bowl, or pitcher of food, the food should not be served to other children. Remove the food item from the table and request a replacement from the kitchen.
11. If food or a utensil is dropped, it should not be used and a replacement should be provided.

Tips:

1. Prepare a little extra food in the event food becomes contaminated during the meal service and a replacement is needed.
2. Have extra cups, plates, and silverware available near each table at mealtime.
3. Be aware of the increase in adults and children who are allergic to latex. Check products to determine latex content. Use plastic gloves instead for food service.

Activity 4—Choking Prevention:



1. Handout p. 2b-16.
2. Go over handout
 - a. Show how to cut grapes, string cheese, and/or hot dogs to reduce risk of choking.
 - b. Show a marble and compare it to examples of foods that are choking hazards.

Discussion:

1. See points on handout and discuss all items.
2. Talk about supervision of children during the entire meal service.

Tips:

1. One adult should remain seated at the table during mealtime and closely supervise children.
2. The adult should try each food and identify potential choking hazards due to chewiness, toughness, slipperiness, etc.
3. Caregiver distraction during mealtime can contribute to the risk of choking.
4. Children should not be rushed while eating.
5. Children should not be allowed to get up and walk around (or run) during mealtime.
6. Laughing while eating can also be a choking risk.
7. Keep potential choking hazards out the children's reach.

Activity 5—Test:

Take test and discuss answers.

Lesson-4 Test

Basic Food Safety and Sanitation

1. Staff should wash hands at what times?
 - a. Upon arrival at work.
 - b. After using the restroom.
 - c. Before and after meals.
 - d. All of the above.
2. Children should wash hands at what times?
 - a. Before and after meals and after using the restroom.
 - b. After using the rest room.
 - c. Upon arrival at the center.
 - d. All of the above.
3. Which of the following is false?
 - a. Hand washing helps reduce the spread of illness.
 - b. Older infants' hands should be washed under running water.
 - c. Hand sanitizers may be substituted for hand washing most of the time.
 - d. Wipes, washcloths, and sanitizing gels should not be used to clean hands on a routine basis.
4. Which of the following is a definition for sanitizing?
 - a. To reduce the number of germs to a level that will reduce the likelihood of disease transmission.
 - b. To virtually eliminate all germs through the use of chemicals or heat.
 - c. To remove dirt and debris (such as food particles, blood, urine, or feces) by scrubbing and washing using soap and water.
 - d. To spray with solution of $\frac{1}{4}$ cup bleach to one gallon of water.
5. Which of the following surfaces do not need to be disinfected?
 - a. Diaper changing tables.
 - b. Table tops.
 - c. Kitchen counter tops.
 - d. Toys.
6. Which of the following statements about bleach is false?
 - a. Sanitizing and disinfecting solutions using bleach need to be mixed daily.
 - b. Sanitizing and disinfecting solutions using bleach are highly toxic.
 - c. Bleach can produce toxic fumes if mixed with ammonia or vinegar.
 - d. Sanitizing and disinfecting solutions made with bleach leave no harmful residue when dry.
7. Which of the following statements is false?
 - a. Gloves should be worn when directly handling food.
 - b. Latex gloves must be used for food handling.
 - c. Gloves need to be changed if they touch an unsanitary surface.
 - d. Tongs may be used instead of wearing gloves.
8. Which of the following statements is true?
 - a. Staff should not serve food when they are ill.
 - b. Staff who work with diapered children should not prepare or serve food for older groups of children.
 - c. If a caregiver must cook, letting that caregiver complete the food preparation before assuming caregiver duties for that day can minimize risk.
 - d. All of the above.
9. Which of the following procedures should staff follow to reduce the risk of choking?
 - a. Avoid serving foods that are the size and shape of a marble.
 - b. Do not serve foods that are choking hazards to children until they start first grade.
 - c. Mash or grind all foods for children up to the age of four.
 - d. None of the above.

Lessons for Infant Staff

These lessons are intended for staff that care for infants in child care centers. The cook may benefit from attending some sessions if she is responsible for preparing meals for infants.



Each lesson includes several activities. Most activities take approximately ten minutes to complete. A complete lesson, including all activities, can be completed in one training session, or the activities can be conducted on separate occasions depending on how much time is available. Remember to document center-based group trainings with sign-in sheets using the form on p. 7-7.

Lesson 1-Infant Meal Pattern Requirements

Audience: cook, infant caregivers staff

Activities

1. Meal Patterns
2. Formula and Breast Milk
3. Fruits, Vegetables and Juice
4. Infant Cereal, Grains and Breads
5. Meats
6. Test

Lesson 2-Infant Feeding Methods

Audience: infant caregivers

Activities

1. Preparing Bottles
2. Bottle Feeding
3. Introducing Solids
4. Drinking From a Cup and Preventing Tooth Decay
5. Test

Lesson 3-Infant Recordkeeping Requirements

Audience: infant caregivers

Activities

1. Enrollment Form/Offering Formula
2. Allergy/Food Exception Statements
3. Infant Menus
4. Infant Meal Participation and Attendance Records
5. Test

Lesson 4-Infant Room Food Safety and Sanitation

Audience: cook, infant caregivers

Activities

1. Infant Choking Prevention
2. Back to Sleep
3. Infant Food Handling and Storage
4. Dishwashing
5. Test

Lesson-1

CACFP Infant Meal Pattern Requirements

Goal:

- To learn CACFP infant meal pattern component and quantity requirements.
- To understand what foods are reimbursable

Materials Needed:

CACFP Administrative Manual for Centers

Handouts using pp. 2-7, C-7, C-9 through C-16, C-17, C-18, C-19 and C-20

Three bottles of formula, mixed with 4 ounces (oz.), 6 oz. and 8 oz. formula

3 Tbsp. dry infant cereal plus water to mix (to show maximum suggested amount for 4-7 months)

3 Tbsp. infant fruit or vegetable (to show maximum suggested amount for 4-7 months)

2 Tbsp. dry infant cereal plus water to mix (to show minimum required amount for 8-11 months)

1 Tbsp. infant fruit or vegetable (to show minimum required amount for 8-11 months)

1 Tbsp. commercially prepared jarred infant meat or chopped table meat (to show minimum required amount for 8-11 months at lunch if infant cereal is not served)

Poster that says, “Breastfed Babies Welcome Here”

One can of each type of formula (powdered, ready-to-feed, and liquid concentrate), if available

Reimbursable infant fruits and vegetables (e.g., plain carrots, plain pears, mixed vegetables)

Non-reimbursable infant fruits and vegetables (e.g., infant pudding or dessert; infant dinner with vegetables and rice, pasta and/or meat; veggie or fruit puffs)

Activity 1—Infant Meal Patterns:

Hand out the infant meal pattern (p. 2-7).

Go over the discussion points listed below using the handout.

Show examples of reimbursable meals for each age group.

Discussion:

1. The infant meal pattern applies to infants from birth until they turn one year of age. When a child turns one, they must follow the child meal pattern for ages 1-12 years, although the texture of the foods may need to be altered according to each child’s developmental ability.
2. The first year of life is divided into three four-month age groupings with appropriate meal guidelines for each group. Although the meal pattern specifies breakfast, lunch, supper, and snack this may not match each baby’s feeding pattern. Babies seldom accept rigid feeding schedules and may need to eat every 2 to 4 hours. Babies should be fed when hungry which means “on demand” or “on cue.”
3. A range of food amounts is listed to allow flexibility, based on each baby’s appetite. Babies vary from day-to-day in the amounts they actually eat. The amounts listed are the **minimum** you must serve to meet requirements (except for breast milk). Some babies may want less and should never be forced to finish what is in the bottle or what is spoon-fed. You may serve larger portions to babies who want more than these amounts.
4. Infants 0 through 3 months need only breast milk or iron fortified infant formula (IFF) (4-6 oz.) for each meal.
5. Infants 4 through 7 months require 4-8 oz. of breast milk or IFF for meals and 4-6 oz. at snack.
 - a. In addition, optional foods may be fed to infants 4 through 7 months when the infant is developmentally ready to accept them.
 - b. Optional foods are 0-3 T. iron fortified infant cereal (IFC) and fruit and/or vegetables.

6. Infants 8 through 11 months (until the child turns one year of age) have more required foods.
 - a. Breakfast: 6-8 oz. breast milk or IFF, 2-4 T. IFC, 1-4 T. fruit and/or vegetable
 - b. Lunch/Supper: 6-8 oz. breast milk or IFF, 2-4 T. IFC and/or 1-4 T. meat (or alternates), and 1-4 T. fruit and/or vegetable. Meat alternates include:
 - i. 1-4 T. Fish, poultry, egg yolk, cooked dried beans, or split peas
 - ii. ½-2 oz. cheese
 - iii. 2-8 T. (1/8 -1/2 cup) cottage cheese
 - iv. 1-4 oz. cheese food or cheese spread
 - c. Snack: 2-4 oz. breast milk, 100% fruit juice or IFF and optional 0-½ slice bread or 0-2 crackers.
 - d. Some of the fruits, vegetables, and meats from the regular menu for children ages 1-12 may be served to older infants.
 - i. Be sure the texture is appropriate to avoid choking.
 - ii. Some foods creditable for older children (esp. meats) are not reimbursable for infants. In these cases, a different food that is reimbursable must be served to infants (see Reimbursable Foods for Infants).
 - iii. Pasta, cookies, and dry cereals are not reimbursable for infants; bread and crackers are reimbursable at snack only.
7. Reimbursable foods are foods that count toward fulfilling the requirements for a reimbursable infant meal.
 - a. Only food from the Reimbursable Foods for Infants list must be served to fulfill meal pattern requirements.
 - b. The minimum serving size specified in the meal pattern must be offered, but the infant does not need to consume the serving size offered.
 - c. If zero is listed as the minimum serving size, the food does not need to be offered to meet meal pattern requirements unless the parent has indicated the infant is ready to receive it.
8. Non-reimbursable or “other” foods are those foods that are not reimbursable because they do not fulfill the infant food requirements listed on the CACFP Infant Meal Pattern.
 - a. Certain non-reimbursable foods may be served as extras if the parent requests them, they do not pose a risk to infants, and they are not against center policies.
 - b. Their use is not encouraged because they may provide unneeded calories and few nutrients.

Tips:

1. IFC should be measured dry and liquid (water, breast milk ,or formula) added to prepare it to the desired consistency.
2. Show the examples of infant foods and portion sizes while discussing them.

Activity 2—Formula and Breast Milk:

Handout infant reimbursable foods list (p. C-9 through C-16) and infant meal pattern (p. 2-9).

Go over discussion points using pp. C-9 through C-12.

Show examples of the different types of formula (powdered, ready-to-feed, and liquid concentrate) that the center uses or may use in the future.

Discussion:

1. Breast milk and/or iron-fortified infant formula must be served for the entire first year.
 - a. Cow’s milk must not be served until the infant turns one, unless an allergy/exception statement is obtained.
 - i. Cow’s milk is a potential allergen.
 - ii. Cow’s milk can cause GI bleeding and iron loss.
 - b. The month after the child turns one may be used as a transition time where both IFF and cow’s milk may be served. (WIC instructs mother to change to whole milk in the month before the infant turns one).

- c. Breast milk may be served instead of cow's milk until the child turns two. A medical exception is not required.
 - d. Whole milk should be served to children ages 1-2 years. The extra fat in whole milk is needed for brain and nervous system development.
2. Breast milk or formula, or portions of both may be served (ask the parent's wishes); however breast milk only is the optimal choice for infants and the center should encourage breast feeding and support breast feeding mothers.
 - a. Post a sign that says, "Breastfed babies welcome here" (show poster)
 - b. Provide a quiet, private place for mothers who wish to breast feed at the center.
 - c. Offer the mother a glass of water and a place to put her feet up.
3. For some breast-fed infants, who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
4. All other milks are not reimbursable; discuss list on p. C-9.
5. The formula served must be iron-fortified. A list of reimbursable IFFs is on p. C-11.
 - a. This list changes about once a year.
 - b. A formula may still be reimbursable if it is not listed. If the formula is iron fortified, manufactured in the USA and is not an exempt formula (see website), it is reimbursable.
6. Exempt formulas are for infants with special needs.
 - a. A list of exempt formulas is on p. C-10.
 - b. If the formula in question is not on the list, check the website where more exempt formulas are listed.
 - c. An allergy/exception statement is needed to claim infants who receive exempt formulas.
7. Follow up formulas are for older infants.
 - a. A list of follow-up formulas is on p. C-12.
 - b. An allergy/exception statement is not needed to claim infants who receive follow up formulas when they are fed at the ages indicated.
 - c. An allergy/exception statement is needed to claim infants who receive follow up formulas at ages other than indicated.
8. There are three types of formula: powdered, ready-to-feed, and liquid concentrate.
 - a. Ready to feed is the most expensive and may be used if the water source to mix formula is in question. No mixing or diluting is needed.
 - b. Liquid concentrate must be diluted with water. It must be mixed according to the directions on the can in order to be reimbursable (usually equal amounts of concentrate and water).
 - c. Powdered formula is the least expensive and most commonly used. It must be mixed with water according to the directions on the can in order to be reimbursable (usually 1 level scoop of formula to 2 oz. of water).

Tips:

1. An allergy/exception statement is needed to claim infants who receive
 - a. formula mixed according to directions other than what is listed on the can,
 - b. whole milk before they turn one, or
 - c. a low iron or an exempt formula.

Activity 3—Fruits, Vegetables, and Juice:

1. Handout the Reimbursable Foods for Infants list (p. C-9 through C-16) and infant meal pattern (p. 2-9) if you have not already done so.
2. Go over discussion points using p. C-12.
3. Show examples of reimbursable and non-reimbursable fruits, vegetables, and juices.

Discussion:

1. Infant fruits and vegetables can be a prepared commercial product or home-made.
2. Plain fruits and vegetables, without added sugars and starches or combined with other food groups, are reimbursable.

3. To be reimbursable, the fruit or vegetable must be the first ingredient in the ingredient listing for a commercial product. The exception is cereals, desserts and pudding; when fruit is the first ingredient in these products, they are still not reimbursable.
4. Products with multiple fruits or vegetables (but including no other food groups) are reimbursable if the fruit or vegetable is listed as the first ingredient on the label. Check with the parent/guardian to see if the infant has been introduced to each fruit/vegetable listed on the ingredient label before serving.
5. Fruits and vegetables must be of appropriate consistency and texture for the individual infant.
6. Home prepared collard greens, carrots, spinach, turnips, beets should only be served to infants 6 months and older since they contain nitrates and can cause blue-baby syndrome. Commercially prepared versions are OK.
7. Citrus fruits (oranges, mandarin oranges, grapefruit, and tangerines), pineapple and tomatoes may only be served to infants 6 months and older.
8. If water is listed as the first ingredient on the label, the product is not reimbursable.
9. Fruit juice may be served to infants 8 months and older and must be 100%, full-strength and pasteurized.
 - a. Juice must be served from a cup, never a bottle.
 - b. Water may be added to the minimum required amount of juice if the parent requests it.
 - c. Vegetable juices are not reimbursable.
 - d. Juices must be pasteurized.
10. Discuss non-reimbursable fruits and vegetables.

Tips:

1. Commercial infant foods are non-reimbursable if they include two or more foods from different food component groups such as fruit and grain (fruit puffs) or meat, grain, and vegetables (infant dinners).
2. Individual foods can be mixed by the center, such as IFC with fruit.
3. Adult juices may be served if they are pasteurized; 100%, full strength juice; bottled or made from concentrate. Centers may add water to juice if the parent requests it, as long as the minimum serving of full strength juice is served.
4. White grape tends to be well-tolerated, whereas apple and pear may cause diarrhea.
5. Look for juices that are fortified or naturally high in vitamin C.

Activity 4—Infant Cereal, Grains and Breads:

1. Handout infant reimbursable foods list (p. C-9 through C-16) and infant meal pattern (p. 2-9) if you have not already done so.
2. Go over discussion points listed below using pp. C-13 and C-16. Point out the abbreviation for IFC.
3. Show examples of reimbursable and non-reimbursable cereals.
4. Show how to prepare IFC.
5. Show examples of reimbursable and non-reimbursable bread, crackers, and grain products.

Discussion:

1. Infant cereal includes only iron-fortified dry cereal (IFC) designated on the label as “Cereal for Baby.” Look for “Excellent Source of Iron for Infants” or “Excellent Source of Iron and Zinc for Infants” on the label.
2. Infant cereal is often the first food introduced to infants because it is an excellent source of iron, which babies need at this age, and can readily absorb; it is easy to digest; and the texture can be made to fit the baby’s swallowing abilities.
3. To reduce the risk of allergies, the recommended order of introduction of grains to infants is: rice, oat, and then barley. Wait until the infant is 8 months old before introducing wheat (or mixed cereal).
4. Infant iron-fortified dry mixed cereal is reimbursable if the infant has been previously introduced to the individual grains that make up the mixed cereal.

5. IFC is required at breakfast for 8 through 11 month old infants because it is an excellent source of iron.
 - a. If the infant rejects it, first try serving the cereal when the baby is hungry or try mixing the cereal with fruit.
 - b. At lunch or suppertime, serve the meat/meat alternate instead.
 - c. If the baby still rejects the iron-fortified infant cereal, two recipes using IFC as one of the ingredients may be used (IFC Muffins and IFC Pancakes-p. C-16).
 - i. There must be written documentation from the parent/guardian indicating that the baby has been introduced to all of the recipe ingredients to check for allergies C-29
 - ii. The serving size on the recipe must be served in order for the baby to receive the required amount of iron-fortified cereal.
 - iii. The baby must be developmentally ready for muffins or pancakes and they must be cut into small pieces. There must be adequate adult supervision.
 - iv. Record IFC-muffins or IFC pancakes on the baby's menu to show these foods have been served.
6. Bread and cracker-type products are reimbursable only for infants 8 through 11 months of age at snack.
 - a. They may be served as an extra at other meals if the parent indicates it is OK and the infant has been introduced to all the ingredients in the product.
 - b. They must be made from whole-grain or enriched meal or flour.
 - c. Read the ingredient label carefully to determine if there are potential ingredients that may cause allergies (eggs, milk, nuts, soy) or provide additional calories with little nutritional value (starch, sugar, fat).
 - d. Bread and cracker products must be suitable for use by the infant as finger food.
 - e. Select bread and cracker products that are of appropriate texture for the infant's eating abilities.
 - f. Examples of reimbursable products
 - i. Breads (white, wheat, whole wheat – all without nuts, seeds, or hard pieces of whole grain kernels, French, Italian, and similar breads)
 - ii. Biscuits, bagels, English muffins, pita bread, rolls
 - iii. Soft tortillas
 - g. Examples of reimbursable cracker products (enriched white, whole wheat – all without nuts, seeds, or hard pieces of whole grain kernels)
 - i. Crackers (saltines, low salt crackers, or snack crackers)
 - ii. Graham crackers made without honey
 - iii. Teething biscuits
7. Review non-reimbursable bread, cracker, and grain products on p. C-13.
8. Some non-reimbursable foods may be serve as extra foods if the parent requests them, they do not pose a risk to infants and they are not against center policies. Examples include pasta and bread at breakfast, lunch, or supper; adult cereal O's; and fruit and veggie puffs. These foods cannot be used to fulfill meal pattern requirements and are not necessarily encouraged.

Activity 5—Meats

1. Handout infant reimbursable foods list (p. C-9 through C-16) and infant meal pattern (p. 2-9) if you have not already done so.
2. Go over discussion points using p. C-14.
3. Show how to modify the texture of meats from pureed to ground/finely chopped to chopped.
4. Go over non-reimbursable meats and meat alternates.
5. Show examples of reimbursable and non-reimbursable meats and meat alternates.
6. Give staff a copy of the center regular menu for children ages 1-12. Have them identify items from the regular menu that would and would not fulfill infant meal pattern requirements. Have them identify foods that are not appropriate for infants or that would pose a choking risk (e.g., hot dogs, fish sticks, chicken nuggets, peanut butter, etc).

Discussion:

1. Infant meats can be a prepared commercial product or home-made. Examples include beef, pork, fish, and poultry.
2. Plain meats, without added starches or combined with other food groups, are reimbursable. The exception is Gerber 2nd Food Meats and Gravy, which are reimbursable.
3. Commercial meat and meat alternate products combined with other food groups are not reimbursable. Examples include infant dinners. The center may mix reimbursable vegetables with meat or IFC with meats after they have been measured.
4. Reimbursable meat alternates include cheese, cheese food/spread, cottage cheese, cooked dry beans and split peas, and egg yolk.
5. Meats and meat alternates must be of appropriate consistency and texture for the individual infant.
6. Review non-reimbursable meats and meat alternates.
 - a. Many meats and meat alternates from the regular menu are not suitable for infants.
 - i. Cured, fried, and processed meats are not appropriate for infants due to high fat, salt and/or nitrate content.
 - ii. Some meats and meat alternates are choking hazards such as meat sticks, nuts/seeds, and canned fish with bones.
 - b. If older infants are served from the regular menu and a non-reimbursable meat is on the menu, a different reimbursable food must be prepared for the infants.
 - c. Some non-reimbursable meats and meat alternates may be served as extra foods if the parent requests them, they do not pose a risk to infants and they are not against center policies. Examples include egg white (if the child is not allergic), tofu, yogurt, and commercial dinners that include meat.

Tips:

1. Meats and meat alternates that may be potential allergens (especially if the child is from a family with a history of allergies) include fish, shell fish, peanut butter, and egg whites.
2. It may be wise to wait to serve these foods to children with a family history of allergies until they are two-three years of age or older.

Activity 6—Test

Lesson-1 Test

Infant Meal Pattern Requirements

1. At what age are optional foods part of the meal pattern?
 - a. 0-3 month
 - b. 4-7 months
 - c. 8-11 months
 - d. Both b and c
2. Which of the following statements is false?
 - a. The maximum amount of optional foods must be served
 - b. When there are two amounts of food listed (a range), the smallest amount must be offered
 - c. If infants want more than the minimum amount listed, more may be served
 - d. The smallest amount listed is the minimum that must be served to meet requirements
3. Which of the following statements is true?
 - a. Cow's milk may be offered when the infant is 8-11 months of age
 - b. Formula must be iron-fortified in order to be reimbursed
 - c. Formula is preferred over breast milk
 - d. All of the above
4. Which of the following requires a diet statement?
 - a. Cow's milk after the infant has turned age one
 - b. Exempt formulas and low iron formulas
 - c. Follow up formulas when fed to an infant at the ages specified
 - d. Breast milk after the infant has turned age one
5. Which food(s) are not reimbursable?
 - a. Commercially prepared infant pears and apples
 - b. Home prepared infant apple sauce
 - c. Citrus fruits, tomatoes, and pineapple for infants under 6 months
 - d. Commercially prepared infant collard greens, carrots, spinach, turnips and beets for infants under 6 months
6. Which of the following statements is false?
 - a. Non-reimbursable foods may be served as extras only, but are not necessarily encouraged
 - b. All infant foods that contain fruits are reimbursable
 - c. Infant puddings and desserts are not reimbursable
 - d. All of the above
7. Infant cereal is often recommended as a first food for infants because
 - a. It is easily digested
 - b. It's texture can be altered to fit the swallowing abilities of infants at different stages of development
 - c. It is fortified with a form of iron that is easily absorbed
 - d. All of the above
8. Which of the following can be used to meet breakfast requirements for infants 8-11 months of age?
 - a. Oatmeal
 - b. Cheerios
 - c. IFC
 - d. Egg yolk
9. Which of the following cannot be used to fulfill the lunch meal pattern requirements for older infants?
 - a. Cottage cheese
 - b. IFC
 - c. Pasta
 - d. Both a and b
10. Which of the following non-reimbursable infant foods should never be served because it is a choking hazard?
 - a. Fish Sticks
 - b. Pasta
 - c. Yogurt
 - d. Infant cereal with bananas

Key: 1-d, 2-a, 3-b, 4-b, 5-c, 6-b, 7-d, 8-c, 9-c, 10-a

Lesson-2

Infant Feeding Methods

Goals:

- To correctly prepare bottles.
- To understand how to feed infants using a bottle.
- To introduce solid foods at the appropriate time and in the proper manner.
- To meet CACFP requirements when serving infant meals.
- To learn when and how to serve liquids from a cup.

Materials Needed:

CACFP Administrative Manual for Centers

Handout: p. C-20

Infant Feeding: A Guide for Use in the Child Nutrition Programs

(if you do not have a copy, you can request one from the Bureau of Nutrition, Health and Transportation Services or download it from http://www.fns.usda.gov/tn/Resources/feeding_infants.html)

Handouts: pp. 29, 30 and/or 31, 38, 41, 58, 61-62

Activity 1—Preparing Bottles:

1. Hand out from the Infant Feeding Guide, p. 29, 30, and/or 31.
2. Go over discussion points using p. 29, 30, or 31 (depending on the type of formula(s) used at your center).
3. Show how to mix a bottle of formula using the formula(s) most commonly used at your center.

Discussion:

Go over points on p. 29, 30, and/or 31.

Tips:

1. If using powdered formula, emphasize during the demonstration:
 - a. the proper way to measure dry formula,
 - b. the addition of the appropriate amount of water to the bottle before adding the formula, and
 - c. shaking the bottle with a nipple cover (to avoid placing fingers directly on the nipple).
2. Hard plastic bottles are non-breakable but may contain harmful compounds.
3. Bottles, nipples, caps and rings may also be washed and sanitized in a dishwasher.
4. After infants are 3 months of age, bottles, nipples, caps and rings that have been washed and rinsed may be sanitized in a cool water solution using 1 T. bleach per gallon of water for one minute and air dried.

Activity 2—Bottle Feeding:

Hand out pp. 38 and 58 (and the infant meal pattern on p. 2-9 if not already handed out.)

Discussion:

1. Go over points on p. 38, right hand column, "Feeding the Baby."
2. Go over points on p. 58, top half of page, "When You Bottle Feed a Baby."

Activity 3—Introducing Solids:

Handout pp. C-20 and Infant Feeding Guide pp. 56 and 58.

Go over the discussion points listed below.

Go over points on p. 56 under, “How to Feed When Baby is Ready for Solid Foods.”

Go over points on p. 58, bottom of page, “When You Feed a Baby Solid Foods.”

Discussion:

1. Solid foods are optional for infants 4-7 months of age, and should be introduced only if the infant is developmentally ready.
2. Readiness for solids occurs at different ages for individual infants, but is generally between 4-6 months of age.
3. Signs of readiness include:
 - a. Holds up head when on stomach or when sitting
 - b. Can sit with support
 - c. Does not automatically push food out of mouth with tongue
 - d. Draws in lower lip to retain food
 - e. Shows interest in food and others eating
 - f. Shows signs of hunger and fullness
4. Do not serve solids to an infant under 4 months of age without a doctor’s written instructions.
5. Center staff should never be the first to introduce a new food. The center should communicate regularly with parents about foods and textures that have been introduced at home, preferably in writing. The center may use the form on p. C-20 for this purpose.
6. Solid foods should be introduced one at a time to help detect allergies.

Activity 4—Drinking From a Cup and Preventing Tooth Decay:

Hand out Infant Feeding Guide pp. 61-62.

Hand out Infant Feeding Guide p. 41.

Discussion:

Discuss points on handouts, emphasizing reasons for advancing infant to the cup.

Activity 5—Test

Take test and discuss the answers.

Lesson-2 Test

Infant Feeding Methods

1. Which of the following is an important step in the preparation of formula?
 - a. Wash your hands, arms, and under your nails
 - b. Wash bottles, etc. in hot soapy water; rinse thoroughly
 - c. Sterilize bottles, nipples, and rings
 - d. All of the above
2. When mixing powered formula, which steps are in the correct order?
 - a. Measure water into bottle, add dry formula, attach nipple and ring, shake
 - b. Add dry formula to a measuring cup, add water to the line, whisk together, pour into a bottle
 - c. Add dry formula to bottle, add water to bottle, attach nipple and ring, shake
 - d. None of the above
3. Which of the following is true about prepared infant formula?
 - a. Unless fed immediately after mixing, it must be refrigerated and used within 48 hours.
 - b. If it has been unrefrigerated for 3 hours or more, it must be thrown out.
 - c. It must be reheated in the microwave.
 - d. There is no difference between prepared formula and breast milk.
 - e. All of the above.
4. The following is not a recommended practice when bottle feeding a baby:
 - a. Feed when the baby shows early signs of hunger.
 - b. Feed at naptime to help the baby go to sleep.
 - c. Never force a baby to finish what is in the bottle.
 - d. Avoid disrupting the feeding with frequent burping, wiping, juggling and arranging.
 - e. None of the above (all are recommended practices).
5. What is/are the reason(s) for always holding a baby during feeding?
 - a. Propping the bottle can cause ear infections.
 - b. Choking is a risk when the bottle is propped.
 - c. The infant needs cuddling and human contact.
 - d. Both a and b.
 - e. A, b, and c.
6. What is an indication that a baby is finished eating?
 - a. You can't really tell so you have to guess.
 - b. The baby may turn away or push the food/spoon back out of their mouth.
 - c. The baby sucks on their hand.
 - d. Both b and c.
 - e. None of the above.
7. How can you tell when an infant is ready for solids?
 - a. They turn four months old.
 - b. They can hold their head up when on stomach or when sitting.
 - c. They can sit with support and show interest in food and others eating.
 - d. Both b and c.
 - e. A, b and c.
8. When should center staff start feeding solids?
 - a. When the infant is developmentally ready.
 - b. When the parent indicates the infant is ready for solids.
 - c. When the infant weighs at least ten pounds.
 - d. Both a and b.
9. Which of the following is/are recommended to prevent tooth decay?
 - a. Always serve juice from a cup.
 - b. Allow babies to carry around a bottle of formula.
 - c. Prop the bottle against the crib at nap time.
 - d. Both b and c.

Key: 1-d, 2-a, 3-a, 4-b, 5-e, 6-b, 7-d, 8-d, 9-a

Lesson-3

Infant Recordkeeping Requirements

Goals:

- To learn which records are required
- To learn how to correctly complete required records

Materials Needed:

CACFP Administrative Manual for Centers

Handouts: pp. C-7, C-8, C-17, C-18 and C-19; 4-19, 4-21

Activity 1—Enrollment Form/Offering Formula:

1. Hand out p. C-17.
2. Go over discussion points listed below using p. C-17.
3. Show what a complete and correctly filled out infant enrollment form looks like.
4. Go over the center's procedures to distribute, collect, and file the infant enrollment forms.

Discussion:

1. All infants must be enrolled at the center for care. The enrollment form must include the days and hours of care and the meals the child is expected to receive. The sample CACFP enrollment form captures this information. Racial/ethnic data is also collected at the top of the CACFP enrollment form. The enrollment form must be completed by the parent/guardian and be updated annually. (If the parent does not complete the racial/ethnic information since completing it is voluntary, the center must fill in that information to the best of their knowledge.)
2. The CACFP enrollment form has a section at the bottom that must be filled out for all infants under 12 months of age. CACFP regulations require that centers must offer to provide at least one reimbursable iron fortified infant formula to families of infants in care. This is to ensure the CACFP is offered to all children that attend the center, regardless of age. It is a Civil Rights requirement that centers on the CACFP do not discriminate on the basis of age.
3. Centers must include the CACFP enrollment form or a similar form that includes the same information in the enrollment packet for infants. Before the form is given to parents, the center must fill in the name of the iron-fortified formula they will offer.
4. Parents must have the opportunity to accept or decline the formula offered by the center. Parents must indicate their choice and sign and date the form. Forms that do not include this information must be returned to the parent for completion.
5. The form also includes information about solid foods.

Tips:

1. The person responsible for submitting claims needs to have access to the information on the infant enrollment form so they can determine if the parent or center is supplying the food and/or formula. This impacts which meals can be claimed for reimbursement.
2. The information can also be recorded on the infant menu for easy reference.

Activity 2—Allergy/Food Exception Statements:

1. Hand out p. C-8.
2. Go over the discussion points below using p. C-8.
3. Show what a complete and correctly filled out allergy/food exception statement looks like.
4. Describe the center's procedures for distributing, collecting, and filing the allergy/food exception statements.
5. Discuss the center's procedures for ensuring meals are not claimed when a statement is needed, but has not been obtained.

Discussion:

1. If an infant cannot follow the infant meal pattern an allergy/food exception statement must be obtained in order to claim the non-compliant meal. Examples of circumstances when a statement is required include:
 - a. The infant receives an exempt formula such as Pregestemil, NeoCare, or Enfamil Premature LIPIL 20 (there is a complete list on the FDA website listed on p. C-10.)
 - b. The infant's parents or physician indicate the infant is to receive cow's milk before the infant turns 12 months of age.
 - c. The infant's parents or physician indicate the infant is to receive non-reimbursable foods.
 - d. The infant's parents or physician indicate the infant is to receive low-iron formula.
2. If an infant can follow the meal pattern, but has an allergy, it is strongly recommended to obtain an allergy/food exception statement.
3. The allergy/food exception statement must be signed by a medical doctor, doctor of osteopathic medicine, physician's assistant, or advanced registered nurse practitioner. Chiropractors are not allowed medical authorities who may sign the form.
4. The statement should list the food(s) or formula to avoid and the food(s) or formula to substitute.
5. The form may also include additional dietary or feeding information.

Tip:

The person responsible for submitting claims needs to know which children are required to have allergy/exception statements on file. They need to know if a form is required, but not on file, so those meals are not claimed. Once a form is obtained, the meals can be claimed.

Activity 3—Infant Menus

1. Hand out p. C-7, C-18, and C-19 (or other infant menu form(s) used by the center) and the infant meal pattern on p. 2-9 if it has not already been handed out.
2. Go over discussion points listed below using handouts.
3. Show what a complete and correctly filled out infant menu looks like for each age group.
4. Review the center's procedures to record, turn in, and file the infant menus.

Discussion:

1. Daily, dated infant menus are required for all infant meals claimed on the CACFP.
2. Use the Individual Infant Weekly Menu form (p. C-18) or other form to record each infant's menus. Required information that must be included on the menu includes the infant's name, age, the date, the meal type, and menu items served.
 - a. If the Individual Weekly Menu form is used:
 - i. Review the abbreviations in the upper right hand corner.
 - ii. Record the information at the top of the page.
 - iii. Record the actual food item served across from the child's age, under the date it was served.
 - b. Specific foods must be recorded: for example "apple sauce" or "peaches" rather than "fruit" and "IFC-rice" or "IFC-oatmeal" rather than "cereal".

- c. If the daily infant record is used for the CACFP menu, a copy must be kept on file. Enough information must be recorded to document that a reimbursable meal has been served. If foods are not served at the same time, the components used to make up a reimbursable meal should be circled and the meal type clearly recorded.
3. Meals served must include each food listed in the “Infant Meal Pattern” based on the infant’s age in order for the meal to be claimed. NOTE: The foods do not have to be eaten by the infant in order to claim the meal; they only need to be served.
4. The amount served must be at least the smallest amount listed under the “Infant Meal Pattern” column based on the infant’s age.
 - a. If zero is listed for the least amount that must be offered, the food does not need to be served unless the parent indicated the infant is ready for it.
 - b. It is not necessary to record the amount served.
5. Show the correctly filled out menu for an 8-11 month old infant.
 - a. Record who provides the food and formula, the parent or center on the menu.
 - b. Infants 8-11 months must receive IFC, fruit/vegetable and IFF/HM at breakfast in order for the meal to be reimbursable.
 - c. At lunch 8-11 month olds must receive IFC and/or a meat/meat alternate, fruit/vegetable and IFF/HM in order for the meal to be reimbursable.
 - d. At snack the infant must receive IFF/HM or juice and may receive bread or crackers.
6. Menu components for a given meal do not need to be served at the same time to be recorded for a given meal. For example: an 8-11 month old infant may receive a bottle when they arrive in the morning at 7:00 a.m., then receive IFC with fruit at 10:00 a.m. All items may be recorded for breakfast. The infant should be marked on the meal participation after the last component is served.
7. Menus must be recorded by the end of each day.
8. If a meal served does not meet meal pattern requirements, the infant’s meal should not be recorded on the meal participation record.

Tips:

1. Someone needs to review the infant menus against the meal participation records to ensure that non-reimbursable infant meals are not submitted on the claim for reimbursement.

Activity 4—Infant Meal Participation and Attendance Records

1. Hand out p. 4-19 (if applicable) and 4-21.
2. Go over the discussion points listed below using handouts.
3. Show what complete and correctly filled out attendance and meal participation records look like.
4. Describe the center’s procedures for recording attendance and meal participation.
5. Describe the center’s procedures for distributing, collecting, and filing the attendance and meal participation records, as applicable.

Discussion:

1. Infants must be recorded in attendance in order to be claimed for meal reimbursement.
2. Attendance records must be kept separately from meal counts. (A sample daily attendance record form is on p. 4-19)
3. Attendance must include time in and time out.
4. Infants must be signed in and out by parents. This is sometimes a challenge, but is required by the CACFP.
5. Meal participation records must be kept to document which infants eat at each meal. A sample meal participation record form is on p. 4-21.
6. The infant’s first and last name must be recorded. It is recommended to include the infant’s age by his or her name. This is helpful when reviewing infant menus for compliance with the CACFP meal pattern.
7. Meal participation records must be recorded as close to the point of service as possible for all infant meals. If an infant does not receive all meal components at the same time, record the meal

participation after the infant has received the last food item to make a complete reimbursable meal.

8. If an infant receives a non-reimbursable meal (that is missing components or uses non-reimbursable foods to meet meal pattern requirements), the meal should not be recorded on the meal participation record.

Tip:

The code indicating if the infant is eligible for free or reduced price meals must not be recorded until the form has been turned in for claim submission. This is to keep the infant's eligibility status confidential.

Activity 5—Claiming Meals Correctly

Topics: income applications, parent-provided food and formula, allergy/food exception statements and menus. Only staff who have a need to know the free and reduced status of infants should have access to this confidential information.

1. Go over the discussion points listed below.
2. Discuss procedures and who is responsible for reviewing infant menus to ensure only reimbursable infant meals are claimed.

Discussion:

1. If the parent supplies the breast milk or a reimbursable formula, the meal may be claimed when there are no other required meal components (infants 0-3 months).
 - a. Meals including only breast milk (expressed milk) or IFF may be reimbursed if fed by the child care provider for infants 0-3 months. When the infant is ready for solids, the center must supply at least one reimbursable food in order to claim the meal.
 - b. Meals cannot be claimed if the mother comes to the center to breastfeed her infant, unless the center provides at least one reimbursable food item (ages 4-7 months) and meal pattern requirements are met.
 - c. If the parent is a center employee and breastfeeds her infant at mealtime, the meal may be claimed. The infant must be enrolled for care and in attendance at the center during the breastfed meal.
 - d. When the parent indicates the infant is ready for solids, the meal can be claimed if the center provides at least one reimbursable food item (formula or food) for infants 4-7 months.
 - e. For infants 8 months to 1 year, the center must serve all foods listed in the infant meal pattern and supply at least one reimbursable food item.
2. Someone must be responsible to review infant menus against the meal participation records to make sure that only reimbursable meals are included in the claim for reimbursement.
 - a. A menu must be on file for each infant meal claimed.
 - b. Menus should indicate the infant's age (in months) and who provided the food and formula (the parent or center).
 - i. The menus must be reviewed to ensure the center provided at least one food item for infants 4 to 1 year. Both solids foods and formula are considered a food items.
 - ii. If an infant is breastfed by the mother at the center, this must be noted on the menu or the meal should not be recorded.
 - c. Menus should be checked to ensure meal pattern requirements have been met for the infant's age (or that an allergy/food exception statement is on file).
 - d. Non-reimbursable and fourth meals should be zeroed out and not included in meals submitted for reimbursement.
3. Infant meal participation records must be coded to indicate which infants are eligible for free, reduced price or paid meals by the person responsible for compiling the claim.

Activity 6—Test:

Take test and discuss the answers.

Lesson-3 Test

Infant Recordkeeping Requirements

1. Which of the following statements is true?
 - a. Families of all infants enrolled at the center must be offered the CACFP.
 - b. All infants at the center must be enrolled.
 - c. The enrollment form must include the usual days the infant will be in care the usual meals they will receive.
 - d. All of the above
2. Which of the following is required by the CACFP?
 - a. The center must offer at least one reimbursable formula to the parents/guardians of infants in care.
 - b. Parents/guardians must accept or decline the formula offered by the center in writing.
 - c. Both are required.
 - d. None are required.
3. Why must infants be offered the CACFP?
 - a. DHS requires that centers receive CACFP reimbursement.
 - b. It is a civil rights requirement so centers do not discriminate on the basis of age.
 - c. Parents want their infants to be on the CACFP.
 - d. All of the above.
4. Under what circumstances must an allergy/food exception statement be obtained?
 - a. When the center serves cow's milk to infants under one year of age.
 - b. When an infant cannot follow the meal pattern.
 - c. When an infant requires an exempt formula for a special medical condition.
 - d. All of the above.
5. An allergy/food exception statement is not required to include:
 - a. A signature from an appropriate medical professional.
 - b. The foods the infant should avoid.
 - c. The foods that are to be substituted.
 - d. The texture modification needed for the infant.
6. Which of the following is not required regarding infant menus?
 - a. A daily, dated menu must be on file for all meals claimed.
 - b. In order to claim the meal, the meal pattern must be followed based on the age of the infant.
 - c. The amounts of each food served must be recorded.
 - d. The specific foods served must be listed.
7. Which of the following statements is true regarding a meal served to an 8-11 month old infant?
 - a. The infant does not eat all the foods served. Do not claim the meal.
 - b. The infant is not served all the required meal components. Do not claim the meal.
 - c. The infant is served all the required meal components, but not at the same time. Do not claim the meal.
 - d. All of the statements are true.
8. Which of the following is a true statement?
 - a. Attendance records can be constructed by looking at the meal participation records.
 - b. Attendance can be a check mark indicating the infant was present on a particular date.
 - c. Attendance and meal counts are two separate records.
 - d. Meal participation should be recorded by the end of the day.
9. Which of the following meals cannot be claimed for reimbursement?
 - a. Meals where the mother comes to the center to breastfeed her infant.
 - b. Meals where the mother is a center employee and breastfeeds her infant while she is working at the center.
 - c. Meals where the parent supplies the formula or breast milk to an infant 0-3 months of age.
 - d. Meals where an 8-11 month old infant receives expressed breast milk and the center provides the solid foods.
10. Which of the following is false?
 - a. Infant menus should be recorded by the end of the day.
 - b. If the infant is not served a reimbursable meal, the infant's meal should still be recorded on the meal participation record.
 - c. Infant meals that are claimed must meet meal pattern requirements.
 - d. Infants must be recorded in attendance when they are recorded on the meal participation record.

Key: 1-d, 2-c, 3-b, 4-d, 5-d, 6-c, 7-b, 8-c, 9-a, 10-b

Lesson-4

Infant Room Food Safety and Sanitation

Goals:

- To learn practices to prevent choking.
- To learn safe food handling and storage practices.
- To learn proper dishwashing procedures.

Materials Needed:

Infant Feeding: A Guide for Use in the Child Nutrition Programs

(if you do not have a copy, you can request one from the Bureau of Nutrition, Health and Transportation Services or download it from http://www.fns.usda.gov/tn/Resources/feeding_infants.html)

Handouts: pp. 65-68, p. 81 (if the center uses commercially prepared baby food), p. 91 (if the center uses center-made baby food), pp. 20-21 (if the center has breastfed babies).

Water sample and thermometer

Activity 1—Infant Choking Prevention:

1. Hand out pp. 65-68.
2. Discuss points listed in the handout.
3. Demonstrate how to cut up a cheese stick (lengthwise), grapes (quarters) and or other reimbursable infant foods that may be choking hazards.

Discussion:

See handout.

Activity 2—Infant Food Handling and Storage:

1. Hand out p. 81 if the center uses commercially prepared baby food and/or p. 91 if the center uses center-prepared baby food.
2. Hand out p. 20-21 if the center has breastfed babies.
3. Discuss points listed in the handout(s) and listed below.

Discussion:

1. Use handout on p. 81 to discuss commercially prepared baby food.
2. Use handout on p. 91 to discuss center-made baby food.
3. Use handout on p. 20-21 to discuss handling and storage of breast milk.
4. Use these discussion points for handling and storage of formula.
 - a. Store cans of unopened formula in a cool, dry indoor location—not in a refrigerator or in vehicles, garages, or outdoors (in these places, the cans are exposed to water and temperature extremes which can rust the can or affect the quality of the formula.)
 - b. Before using cans of stored formula, check the expiration date to make sure the product is not too old. If the expiration date has passed, throw out the can.
 - c. If parents prepare formula and bring it to the center (not recommended), ask them to:
 - i. Follow instructions for mixing formula on the can.
 - ii. Label the bottles with the baby's name and the date/time the formula was prepared.
 - iii. Fill the bottle with the amount of formula the baby usually drinks at one feeding (at least the minimum serving size required by the meal pattern for the infant's age).
 - iv. Carry the bottles to the center in a cooler with an ice pack to keep it at a cold temperature.
5. Bacteria can grow slowly even at cold temperatures.
 - a. The refrigerator should be kept at 40°F or below and the freezer should be zero° F or below.

- b. Cold storage unit temperatures should be checked daily (preferably first thing in the morning) and the temperature should be recorded on a log. If the temperature is out of the safe range, it should be adjusted and rechecked in a few hours.
- c. If the food cannot be kept in the correct temperature range in the refrigerator in the infant room, food must be kept in another cold storage unit where proper temperature can be maintained.

Activity 3—Dishwashing:

1. Discuss the points listed below.
2. If dishes are washed by hand in the infant room, demonstrate the proper dishwashing procedures.
3. Obtain a sample of water that is 75°F and allow staff to feel the water temperature.

Discussion:

1. Refer to the instructions for washing and sterilizing bottles, nipples and rings on p. 29.
2. Another option is to wash bottles, nipples and rings in a properly functioning dishwasher if temperature of at least 155°F is maintained. (Contact the dishwasher manufacturer to find out what temperature the water reaches in a particular make and model.)
3. Some commercial dishwashers use chemical sanitizing rather than heat. If your dishwasher uses chemical sanitation, the wash water must reach at least 120° F.
4. After infants reach 3 months of age, bottles, nipples and rings may be sanitized by hand washing using the three step method below.
5. When dishes are washed by hand, the three step method must be used (dishes must be pre-scraped).
 - a. The first step is to wash in hot soapy water.
 - b. The second step is to rinse thoroughly in hot water.
 - c. The third step is to sanitize using a product approved for food contact surfaces.
 - i. If bleach is used, 1 Tbsp. bleach for each gallon of cool (75° F) water and must be used. The dishes must be allowed to soak for 1-2 minutes and air dry.
 - ii. If another sanitizer is used, follow the instructions on the container for concentration and immersion times.
 - d. It is best to have a three compartment sink when washing dishes by hand. A separate wash tub can be used for one of the compartments if this type of sink is not available.
 - e. The dishwasher, rinse, and sanitizing solutions must be changed if they become soiled in order to provide effective cleaning and sanitization.
6. Other infant dishes and sippy cups may be washed in a dishwasher if a temperature of at least 155° F is maintained.

Tips:

1. Post instructions for dishwashing in the dishwashing area. A poster is available online at: http://www.dhs.state.ia.us/PolicyAnalysis/PolicyManualPages/Manual_Documents/Master/comm143.pdf (Scroll down to Nutrition and Sanitation/Clean Dishes).
2. Measure out a gallon of water (or as much is needed to reach an appropriate level in the sink or wash tub for sanitizing dishes). Mark this level with a permanent marker so staff know how full to fill the sink/tub.
3. Tell staff how much bleach must be used for this amount of water.
4. Provide the appropriate measuring spoon/cup so staff can easily pour the correct amount of bleach into the sink/tub of water designated for the sanitizing step.
5. Bleach breaks down in hot water so it is important to use cool water for the sanitizing step.
6. It is not possible to disinfect or sanitize dishes with heat when washed by hand since the temperature required is too hot to touch without getting burned.
7. Periodically monitor staff dishwashing procedures to ensure adequate sanitation is taking place.

Activity 4—Test:

Take test and discuss the answers.

Lesson-4 Test

Infant Room Food Safety and Sanitation

1. Which of the following are practices to prevent choking?
 - a. Do not leave babies alone while they are eating.
 - b. Have babies sit in an upright position when they are eating.
 - c. Serve foods that are the appropriate texture for the infant's development.
 - d. All of the above.
2. Which of the following feeding and eating behaviors should be avoided to reduce choking risk?
 - a. Feed small portions.
 - b. Hold babies while giving them a bottle.
 - c. Feeding a baby cereal or other solid foods in a bottle.
 - d. Encourage babies to eat slowly.
3. Which of the following statement(s) is false regarding commercially prepared baby food?
 - a. Single ingredient foods provide more nutrition than combination dinners and desserts.
 - b. Feed directly from the jar; if the infant doesn't finish it, put on the lid and store the rest in the refrigerator.
 - c. Check the "use-by" date on baby food and if the date has passed, do not use/buy the food.
 - d. Do not tap the jar lid or bang it to open it.
4. Which of the following statements is true regarding breast milk?
 - a. Bottles from parents should be labeled with the child's name and the date and time it was expressed.
 - b. Use refrigerator bottles of fresh breast milk within one week.
 - c. Breast milk can be stored for up to one year in the freezer, if the freezer is kept below zero degrees.
 - d. All of the above.
5. Which of the following practices is recommended regarding home-prepared baby food?
 - a. Do not add sugar, salt, or fat to the baby's food.
 - b. Wash, rinse, and sanitize all bowls, utensils, equipment, the sink and counters before beginning.
 - c. Thaw foods in the refrigerator, under cold running water or as part of the reheating process.
 - d. All of the above.
6. Refrigerators should be kept at what temperature?
 - a. 32 degrees or below.
 - b. 40 degrees or below.
 - c. 45 degrees or below.
 - d. 50 degrees or below.
7. Bottles, nipples and rings should be washed according to which procedures?
 - a. Using bottle and nipple brushes.
 - b. In hot soapy water.
 - c. Squeeze clean water through nipple holes to be sure they are open.
 - d. All of the above
8. Which statement(s) is/are true.
 - a. Infant dishes and sippy cups must be washed in a dishwasher.
 - b. Infant bottles, nipples and rings must be sterilized or sanitized.
 - c. Hot water should be mixed with bleach to sanitize dishes.
 - d. All of the above.
9. Which is the proper sequence for washing dishes by hand using the three-step method?
 - a. Wash, rinse, sanitize
 - b. Wash, sanitize, rinse.
 - c. Rinse, wash, sanitize.
 - d. None of the above.
10. Which of the following is not a recommended practice regarding the three-step method for washing dishes?
 - a. Use hot soapy water for the wash step.
 - b. Change the water if it becomes too soiled in any of the three compartments.
 - c. Mix 1 T. bleach to one gallon of water for the sanitizing step.
 - d. Dip the item in the bleach solution and towel dry.

Key: 1-d, 2-c, 3-b, 4-a, 5-d, 6-b, 7-d, 8-b, 9-a, 10-d